

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013916

State File No.

FILED APR 28 1959

BIRTH NO.		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO.		Registrar's No. <u>67</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede County</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Conway, Mo</u> c. LENGTH OF STAY (in this place) <u>-</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dr. Holmes Office</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>urbana</u> 0300 d. STREET ADDRESS (If rural, give location) <u>-</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ollie</u> b. (Middle) <u>S</u> c. (Last) <u>Skinner</u>		4. DATE OF DEATH (Month) <u>4</u> (Day) <u>17</u> (Year) <u>1959</u>		5. SEX <u>m</u> 0		6. COLOR OR RACE <u>gc</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>		8. DATE OF BIRTH <u>6-4-1895</u>		9. AGE (In years last birthday) <u>63</u>		10. UNDER 1 YEAR <u>10</u> MONTHS <u>13</u> DAYS <u>0</u> HOURS <u>0</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Disabled</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Richway Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Daniel G Skinner</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jim Jones urbana mo.</u> ADDRESS <u>-</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute heart failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Senile debility.</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>few days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		7824		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-16</u> , 19 <u>59</u> , to <u>4-17</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>4-17</u> , 19 <u>59</u> , and that death occurred at <u>3:00 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>William L. Holmes DO</u> (Degree or title) 2				23b. ADDRESS <u>Conway Mo</u>		23c. DATE SIGNED <u>4-17-59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-19-1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lone Post</u>		24d. LOCATION (City, town, or county) (State) <u>urbana mo</u>	
DATE REC'D BY LOCAL REG. <u>4-19-1959</u>		REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L.B. Jones Buffalo, Mo</u> ADDRESS <u>-</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. ✓

working under my personal supervision.

Student ✓
Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Buffalo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.